## **FORM D**

## JRIGINAL

**UNITED STATES** 

SEC Mail Wail Processing Section SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

AUG 1 2 2008

Washington, DC 106 NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

144	1005
OMB AP	PROVAL
OMB Number:	3235-0076
Expires:	August 31, 2008
Estimated avera	age burden
hours per respo	nse16.00
SEC US	E ONLY
Prefix	Serial
DATE R	ECEIVED
	<u> </u>

11121 65

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Convertible Promissory Notes	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506  Type of Filing: New Filing	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	1 NO CHIN DONE LANGUA CON CONTROL PRIMA CONTROL PRIMA CONTROL
1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  SeedPlay, Inc.	08057957
Address of Executive Offices (Number and Street, City, State, Zip Code) 252 Ritch Street, San Francisco, CA 94107-1708	Telephone Number (Including Area Code) (310) 880-4057
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Information services, media sales, high quality leads, advertising	PROCESSED
Type of Business Organization  Corporation  Ilimited partnership, already formed  business trust  Ilimited partnership, to be formed  other	AUG 2 6 2008
Actual or Estimated Date of Incorporation or Organization:    Month   Year	Actual Estimated
CN for Canada; FN for other foreign jurisdiction)	D E

## GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To Fife: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## – ATTENTION $\cdot$

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Page 1 of 8

		A.	BASIC IDI	ENTI	FICATION DATA				
<ul><li>Each beneficial own</li><li>Each executive office</li></ul>	e issuer, if the issuer ha	is been org vote or dis orate issue	spose, or direct the rs and of corporate	vote	or disposition of, 10%				securities of the issuer; nd
Check Box(es) that Apply:	Promoter	⊠ Be	neficial Owner	$\boxtimes$	Executive Officer	$\boxtimes$	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)						-		
Gaston, Harlan									
Business or Residence Addre	ss (Number and Stree	t, City, Sta	ate, Zip Code)						
C/o SeedPlay, Inc., 252 Rit	ch Street, San Franc	isco, CA	94107-1708						
Check Box(es) that Apply:	Promoter	⊠ Be	neficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i McFarland, Ross	f individual)								
Business or Residence Addre	ss (Number and Stree	t, City, Sta	ate, Zip Code)						
C/o SeedPlay, Inc., 252 Rit	·	-	•						
Check Box(es) that Apply:	Promoter	⊠ Be	neficial Owner		Executive Officer	$\boxtimes$	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)		· ·						
Michels, Jeff							<b></b>		
Business or Residence Addre	ss (Number and Stree	t, City, Sta	ate, Zip Code)						
C/o SeedPlay, Inc., 252 Rit	ch Street, San Franc	isco, CA	94107-1708						
Check Box(es) that Apply:	Promoter	Ве	neficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Connector Ventures LLC									
Business or Residence Addre	ess (Number and Stree	t, City, St	ate, Zip Code)						
Attn: Auren Hoffman, 132	8 Mission Street #4,	San Franc	cisco, CA 94103						
Check Box(es) that Apply:	Promoter	⊠ Be	neficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Vast Ventures LLC			<del></del>						
Business or Residence Addre Attn: Doug Chertok, 331 W	,	•							
Check Box(es) that Apply:	Promoter	☐ Be	neficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and Stree	t, City, St	ate, Zip Code)			•			
Check Box(es) that Apply:	Promoter	Ве	neficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	findividual)								
Business or Residence Addre	ss (Number and Stree	t, City, Sta	ate, Zip Code)					<u> </u>	
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					В.	INFOR	MATION	ABOUT OF	FERING				
, ,	T 4L_ :						·	his offssing?	•		_	Yes	No ⊠
1. F	ias the i	ssuer sola,	or does the is	isuer intend t					inder ULOE.				
2. V	Vhat is t	he minimu	m investment	t that will be				-				\$	N/A
												Yes	No
			-						indirectly, an				Ы
re	етипега	ition for sol	icitation of p	urchasers in o	connection w	vith sales of so	ecurities in th	e offering. I	f a person to b	e listed is an	associated		
									name of the b orth the inform				
	lealer on		s to oc listed a	ire associated	i persons or	Such a bloke	or dealer, y	ou may set re		nacion for un	it bloker of		
Full N	ame (La	st name fir	st, if individu	al)								•	
N/A Busine	ss or Pe	sidence Ac	idress (Numb	er and Stree	City State	7in Code)							
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Name	of Asso	ciated Brok	er or Dealer							_			
States	in Whic	h Person L	isted Has Sol	icited or Inte	nds to Solic	it Purchasers							
(Ch	eck "All	States" or	check individ	duals States)	•••••	***************************************	*****************				*************	☐ Ai	Il States
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Dusine	22 OI K	Stuence At	raiess (muiit	ei and sirec	i, City, State	, zip Code)							
Name	of Asso	ciated Brok	er or Dealer				_						<del></del>
States	in Whic	h Person L	isted Has Sol	icited or Inte	nds to Solic	it Purchasers	<del></del>						
(Ch	eck "All	States" or	check individ	duals States)	•••••	******************							ll States
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Busine	ss or Re	sidence Ac	ldress (Numb	er and Stree	t, City, State	, Zip Code)					····		
	2.					·							<del></del>
Name	of Asso	ciated Brok	er or Dealer										
States	in Whic	h Person L	isted Has Sol	icited or Inte	nds to Solic	it Purchasers							
(Ch	eck "All	States" or	check indivi	duals States)	,	***********	·····			••••••		□ A	ll States
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				(Use b	lank sheet,	or copy and u	se additiona	l copies of th	is sheet, as n	ecessary)			<del></del> _

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	A m	ount Already
	Type of Security	Offering Price	Am	Sold
	Debt	\$ <u>150,000.00</u>	\$	100,000.00
	Equity	\$	\$_	
	Common Preferred			
	Convertible Securities (including warrants)	\$	\$	
	Partnership Interests	\$	\$	
	Other (Specify)	\$	\$	
	Total	\$ <u>150,000.00</u>	\$_	100,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors	Do	Aggregate llar Amount f Purchase
	Accredited investors	2	\$	100,000.00
	Non-accredited Investors		\$	
	Total (for filings under Rule 504 only)		\$	
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
	Type of Offering	Type of Security	Do	llar Amount Sold
	Rule 505	<u>-</u>	\$	N/A
	Regulation A	N/A	s -	
	Rule 504	N/A	\$	N/A
	Total		\$_	N/A_
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	
	Printing and Engraving Costs		\$	*
	Legal Fees		\$_	15,000.00
	Accounting Fees		<b>S</b> _	
	Engineering Fees		\$	
	Sales Commissions (specify finders' fees separately)		 \$	
	Other Expenses (identify)		\$	
	Total	⊠	\$_	15,000.00
	·	<del>-</del>		-

	C. OFFEI	RING PRICE, NUMBER OF INVESTORS, EXPENS	ES AND USE OF PROCEEDS	
to	otal expenses furnished in response to	ggregate offering price given in response to Part C - Ques o Part C - Question 4.a. This difference is the "adjusted g	ross	\$ <u>135,000.00</u>
ti le	he purposes shown. If the amount for	sted gross proceeds to the issuer used or proposed to be use any purpose is not known, furnish an estimate and check to ayments listed must equal the adjusted gross proceeds to to 4.b above.	he box to the	
			Payments to Officers, Directors & Affiliates	Payments To Others
9	Salaries and fees		S	☐ \$
F	Purchase of real estate			□ \$
ī	Purchase, rental or leasing and installa	🗆 s	□ s	
C	Construction or leasing of plant build	ings and facilities	S	□ \$
A	Acquisition of other businesses (inclu	iding the value of securities involved in this offering that	may be	
		urities of another issuer pursuant to a merger)		
F	Repayment of indebtedness		S	□ s
١	Working capital	·	S	<b>■</b> \$ 135,000.00
C	Other (specify):		S	<b>\$</b>
(	Column Totals		🛛 \$	<b>⊠</b> \$ <u>135,000.00</u>
	Total Payments Listed (column	totals added)	S 13	5,000.00
		D. FEDERAL SIGNATURE		
ınderta		gned by the undersigned duly authorized person. If this notice Securities and Exchange Commission, upon written request of 2) of Rule 502.		
ssuer	(Print or Type)	Signature/	Date	
1 10	lay, Inc.		August 7, 2008	
SeedP Name	of Signer (Print or Type)	Title of Signer (Print or Type)		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)